

FILED JAN 31 1946

Registration District No. 79218

Primary Registration District No. 26525673

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Monroe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days 57 years

3. (a) PRINT FULL NAME SOPHIA LOUISIE DICKMEYER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Dickmeyer

(b) Address Winfield Mo

17. (a) Burial (b) Date thereof Dec 18, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Episcopal

18. (a) Signature of funeral director Wayne McEary

(b) Address Irving Mo

19. (a) 12/20/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1945 hour 2 minute 30 P. M. 20

21. I hereby certify that I attended the deceased from July 20
1936 to Dec 18 1945
that I last saw her alive on Dec 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to _____

Other conditions old age
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. J. Alvato (M. D. or other) _____

Address Winfield Mo Date signed 12-18-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wayne McBooy*

..... Licensed Embalmer No. *3586*

..... P. O. Address..... *Jroy Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.